

Request for Proposals No. _____
Item No. _____

AFFIRMATIVE ACTION CERTIFICATION

I do hereby certify that it is the intention of my company to affirmatively seek out and consider DBEs certified in the State of Indiana, to participate as part of this proposal. (For listing of DBE certified firms, see www.in.gov/dot/div/legal/DBE/dbe_list.xls.)

I understand and agree that all subconsulting in connection with this proposal, whether undertaken prior to or subsequent to the notice to proceed, shall be in accordance with the requirements for the Disadvantaged Business Enterprise Program, included elsewhere in this RFP. I understand and agree that no subcontracting shall be approved or commenced until the Department of Transportation has reviewed and approved the affirmative actions taken by my company or me.

I understand that utilization of certified DBEs is in addition to all other equal employment requirements of this RFP.

I acknowledge that this certification is to be made an integral part of this proposal.

I understand and agree that the submission of a blank certification may cause the proposal to be rejected.

I hereby certify that contact has been made with the certified DBEs listed in this certification, and that, if my company becomes the CONSULTANT, the certified DBEs have tentatively agreed to perform the services listed below.

I understand that neither my company nor I will be penalized for amounts achieved over or under the amount shown for **voluntary** DBE utilization that exceeds the goal.

After contract award, any change to the firms listed in this Affirmative Action Certification under race/gender conscious must have prior approval by INDOT's Economic Opportunity Section, Central Office.

SUBCONSULTANTS

DBE SUBCONSULTANTS TO BE APPLIED TOWARD GOAL (RACE/GENDER CONSCIOUS)

| <u>Certified DBE Name & Address</u> | <u>Service Planned</u> | <u>Planned percentage to be paid to DBE</u> |
|--|-------------------------------|--|
|--|-------------------------------|--|

DBE SUBCONSULTANTS TO BE USED BEYOND GOAL (RACE/GENDER CONSCIOUS)

| <u>Certified DBE Name & Address</u> | <u>Service Planned</u> | <u>Planned percentage to be paid to DBE</u> |
|--|-------------------------------|--|
|--|-------------------------------|--|

Total Dollar Amount Credited toward DBE Goal (Race/Gender Conscious): _____

Total Dollar Amount of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral): _____

Name of Company: _____

By: _____ Date: _____